MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE FEE CALCULZ ION SHEET (FOR USE WITH FORM PTO-875) APPLICANT(S) **CLAIMS** AFTER AFTER AS FILED AFTER AFTER **AS FILED** I"AMENDMENT 2 MAMENDMENT I"AMENDMENT 2 MAMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. <u>69</u> 39. TOTAL IND TOTAL IND POTAL DEP TOTAL DEP. TOTAL TOTAL CLAUMS CLAIMS

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